

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26759
Registrar's No. 6551

Primary Registration District No. 791

Registrar's No. 6551

1. PLACE OF DEATH: St. Louis, Mo.
(a) County: St. Louis
(b) City or town: St. Louis
(c) Name of hospital or institution: City Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 mos. 25 days
In this community 25 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME: Orville Comer
(b) If veteran, No
(c) Social Security No. 492-10-9664

4. Sex: Male
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (c) Age of husband or wife if alive: 30 years
7. Birth date of deceased: July 6, 1910
(Month) (Day) (Year)

8. AGE: Years 31 Months 1 Days 3 If less than one day hr. min.

9. Birthplace: Campbell Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation: Foreman

11. Industry or business: Eternit Mills Co.

12. Name: Thos. Comer

13. Birthplace: Unknown Missouri
(City, town, or county) (State or foreign country)

14. Maiden name: Emma Marie Bronsted

15. Birthplace: Vienna, Ill
(City, town, or county) (State or foreign country)

16. (a) Informant: L. Heygendorf

(b) Address: 5400 Whipple St.

17. (a) Burial (b) Date thereof: Aug. 12/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Memorial Park Cem.

18. (a) Signature of funeral director: Jos. W. Clark

(b) Address: 1125 Hodiament Ave.

19. (a) AUG 11 1941 (b) Registrar's signature: J. F. Bredich

(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Louis
(c) City or town: St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No.: 855 Harlan Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.: 0 years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 9
year 1941 hour 9:30 minute A. M.

21. I hereby certify that I attended the deceased from 5-16-41 to 8-9-41
that I last saw him alive on 8-9-41
and that death occurred on the date and hour stated above.
Immediate cause of death: C.N.S. Syphilis (onset 5-16-41x).

Due to:

Due to:

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy: No.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify):

(b) Date of occurrence:

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) (e) Means of injury

23. Signature: Paul T. Hartman (M. D. or other)

Address: 5300 Arsenal Date signed: 8-9-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. 3225

P. O. Address 1125 Hodiament Ave.,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.